





APPLICATION FOR **UTILITY** ELEVATION GRANT

Name(s) of property owners:		Property Address:	Date:		
Owners' permanent mailing address:			Phone no. where you can be reached:		
			E-mail:		
Type of utilities to be elevated?		FEMA Floo	d Zone Base f	lood elevation	
	the following: Description and recer	— nt picture of the	utilities to be elevated		
	Copy of the deed to your property, a current Elevation Certificate, and the Declarations Page from your flood insurance policy				
	Copy of estimate for elevating utilities (include plumber, electrician and carpenter, if applicable)				
	Records showing the costs of repairing past flood damage to utilities, with dates of relevant storms (include paid insurance claims, paid bills, and/or any other information showing costs of repairs clearly related to flooding from coastal storms)				
	If you need to do exterior work that will change the footprint of your house or add to buildings, (for example, constructing a shed for utilities), a copy of the approved Order of Conditions, if applicable, and floor/structural plans				
	u agree to a requireme re is a home on the pro		ne future owner will maintain fl	ood insurance as long	
Name	s and signature(s) of al	I property owne	ers:		
Name:		Name:			
Signature:			Signature:		
Name:			Name:		
Signature:			Signature:		

Please return this application to: Laura Harbottle, Town Planner, Scituate Town Hall, 600 Chief Justice Cushing Highway, Scituate, MA 02066